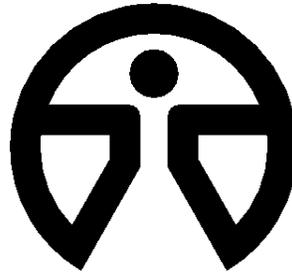


INTRODUCTION

- ◆ Respiratory Viruses that can be identified in the Clinical Center are: Adenovirus, Influenza A, Influenza B, Parainfluenza, Respiratory Syncytial Virus.
- ◆ When a patient is known or suspected to have infection with these viruses, Respiratory Isolation (Level 1 [private room, surgical mask, gloves] or Level 2 [private room, surgical mask]) is used.
- ◆ Isolation is stopped when the patient is considered no longer contagious.
- ◆ Staff and visitors can harbor and transmit respiratory viruses.
- ◆ On-duty staff with respiratory virus symptoms should consult with their supervisor to determine fitness for duty.
- ◆ Visitors with respiratory virus symptoms may be asked by nursing or medical staff to avoid visiting the CC.
- ◆ Handwashing or use of instant hand antiseptic (often and correctly) is the most important way to prevent infection.



HOSPITAL EPIDEMIOLOGY SERVICE
PEDIATRIC CARE PROGRAM
CLINICAL CENTER



CLINICAL CENTER

PEDIATRIC CARE
PROGRAM

RESPIRATORY VIRUS
MANAGEMENT

- INTRODUCTION
- RESPIRATORY VIRUS GUIDELINES
 - SYMPTOMS
 - ACTIONS TO TAKE
 - ISOLATION
- IMPORTANT TELEPHONE NUMBERS

RESPIRATORY VIRUS GUIDELINES

For each outpatient visit or each admission/ inpatient shift, the first caregiver (e.g., nurse, nurse practitioner, physician assistant, physician) to assess the patient should evaluate for respiratory virus symptoms.

ISOLATION MAY BE INDICATED FOR PATIENTS WITH TWO OR MORE MODERATE TO SEVERE SYMPTOMS.

MODERATE TO SEVERE SYMPTOMS

- nasal congestion
- new or high fever
- fatigue or malaise
- nasal discharge
- new or worse cough
- body aches or myalgia
- sore throat

Actions to Take

1. Place patient on Respiratory Level One Isolation (MIS isolation order; isolation sign on doorway & chart).
2. Obtain order for NP wash for "respiratory virus panel".

Contact Critical Care Therapy and Respiratory Care Section staff at 6-3313 to obtain the NP wash.

3. For questions about the indication for isolation, contact Dr. Debbie Merke 6-0718 or via the signal page operator 6-1211.
4. For questions about using isolation or continued questions on the indication for isolation, contact Hospital Epidemiology Service (HES) 6-2209 or via page operator 6-1211.

Isolation is usually not indicated for mild symptoms such as mild congestion, occasional nasal discharge or coryza, low grade fever, rare cough, scratchy throat/ mucositis, otitis media.

RESPIRATORY LEVEL ONE includes: private room/ gloves/ surgical mask; disposable gown for contact with patient or items contaminated with respiratory secretions; activity restrictions.

Discontinue isolation when the patient's respiratory symptoms significantly decrease, a contagious condition is ruled out, and/or the patient is culture negative.

Consult with Dr. Merke or HES to discontinue isolation at three weeks even if patient maintains baseline symptoms (they will assess and consult with the patient's medical team).

Continue isolation longer than three weeks for worsening symptoms. Cultures may be repeated every 7 to 10 days for clinical guidance. Continue or re-start isolation for new or increased moderate to severe respiratory symptoms.

IMPORTANT PHONE NUMBERS

- Critical Care Therapy and Respiratory Care Section 6-3313
- Dr. Debbie Merke 6-0718
- Hospital Epidemiology Service 6-2209
- Signal Page Operator 6-1211